

EXHIBIT 64

REDACTED

Completed e-Form: Contact Form (SC001 REV2005)

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Contact Form (SC001 REV2005)

Auto Mail	
FROM:	abrown@amerisourcebergen.com * required
SUBJECT: Contact Form (SC001 REV2005)	
DATE:	02-09-2007 * required
Division/Pharmacy Name	
Company:	AmerisourceBergen
City, State:	Corona, CA
Contact Date and Time:	2/9/07 at 10:13 a.m.
Associate Name:	Alesia Brown * required
Type of Contact:	
<input type="checkbox"/> Visit <input checked="" type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Other	
Contact With:	
<input checked="" type="checkbox"/> DEA <input type="checkbox"/> State <input type="checkbox"/> Other Regulatory	
Representative's Name:	
Lisa Young	
Title:	
DEA Diversion Investigator Supervisor	
Office Phone:	
951.328.6201	
Office Location:	
Riverside Office	
Brief Report of Contact	
Account Name:	
Account Number:	
Purpose of Contact:	
<input type="checkbox"/> Request for Information from division <input checked="" type="checkbox"/> Division requesting information from agency <input type="checkbox"/> Division requesting clarification of a 222 Blank <input type="checkbox"/> Division reporting suspicious order <input type="checkbox"/> Other	
Invoice Number:	
Product:	
Follow Up Required:	
<input checked="" type="radio"/> No <input type="radio"/> Yes * required	
Comments:	

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Called DEA Supervisor Lisa Young regarding [REDACTED]
License has expired, they have been under investigation with the San
Diego DEA office. San Diego DEA Office has provided a letter for [REDACTED]
allowing them an extension to order product, however, they will not renew
their license. San Diego Office asked Corona to continue selling product
to [REDACTED] and provide information to their office as to their purchases.

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Contact Form (SC001 REV2005)

Auto Mail	
FROM:	kbrizendine@amerisourcebergen.com * required
SUBJECT: Contact Form (SC001 REV2005)	
DATE:	02-02-07 * required
Division/Pharmacy Name	
Company:	Corona Division
City, State:	Corona, CA
Contact Date and Time:	02/02/07
Associate Name:	Kim Brizendine * required
Type of Contact:	
<input type="checkbox"/> Visit <input checked="" type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Other	
Contact With:	
<input checked="" type="checkbox"/> DEA <input type="checkbox"/> State <input type="checkbox"/> Other Regulatory	
Representative's Name:	
Theresa Garnett	
Title:	
Diversion Investigator	
Office Phone:	
858-616-4256	
Office Location:	
San Diego, CA	
Brief Report of Contact	
Account Name:	
Fallbrook Phcy Closed Door	
Account Number:	
012-148338	
Purpose of Contact:	
<input type="checkbox"/> Request for Information from division <input checked="" type="checkbox"/> Division requesting information from agency <input type="checkbox"/> Division requesting clarification of a 222 Blank <input type="checkbox"/> Division reporting suspicious order <input type="checkbox"/> Other	
Invoice Number:	
Product:	
	
Follow Up Required:	
<input checked="" type="radio"/> No <input type="radio"/> Yes * required	
Comments:	

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Fallbrook Phcy Closed Door (012-148338) DEA license BF4114764 expired on 09-30-06. DEA did not renew and pharmacy was on administrative hold.
Called Theresa to check status.
Theresa states that they have advised pharmacy that they may continue doing business until further action is taken pending further

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